

and arms, and was presently accompanied by stiffness, so that it became necessary to discontinue the use of this remedy. There was not the slightest action on the bladder. It was at this stage that the author conceived the idea of giving ergot of rye. He prescribed six grammes (about ninety-two grains), coarsely powdered, to be put into a litre (about thirty-four ounces) of water, macerate for two days, filtered, and injected cold into the bladder. Seven minutes afterwards the patient experienced a desire to urinate, which, however, he could not then satisfy. The next morning the injection was again administered. Eight minutes after he had vesical tenesmus, and then spontaneous emission of urine. The injections were continued for some days. The cure was complete. (*Sainmont, Gazette des Hôpitaux*, 1848.)

In 1848, Dr. Allier, of Marcigny, sent a letter to the National Academy of Medicine, in which he gives as the result of his observations, that in only one out of fourteen cases ergot proved of no use.

I also am in possession of some cases which, in an incontestable manner, prove that ergot is capable of restoring the contractility of the bladder. The following is the most remarkable: In the month of July, 1846, I was consulted by M. H., aged 60, of a dry constitution and a very well-marked nervous temperament. M. H. admits having indulged both in venereal excesses and in the excesses of the table, and it is these that he blames for the vesical paralysis from which he is now suffering, and which requires the catheter twice a day; otherwise there is no symptom of organic alteration, no fever, no enlarged prostate. The canal of the urethra is free through its entire length, and the urine when drawn off is perfectly clear. After having experienced the uselessness of tincture of cantharides and blistering the hypogastrium, I used the following prescription:—

Freshly powdered ergot . . . 2 grammes (30 grains).

Mucilage 120 “ (31 ounces).

A tablespoonful every half hour (shake the bottle).

Ergot of rye, powdered . . . 15 decigrammes (23 grains).

Cocoa butter a sufficiency.

To be made into two suppositories; one of them to be introduced night and morning.

On the same day, at the expiration of some hours, M. H. felt a desire to micturate. At my evening visit, I ordered a bath. The patient was scarcely in it before micturition took place spontaneously and with force. From this time to his death, M. H. has always passed water freely and without the assistance of the instrument. I should add that, to make certain of the cure, I continued the remedy for three or four days, but in a decreasing dose. M. H. died the 30th of January, 1848, of an acute pleuro-pneumonia, during the course of which not a single morbid symptom appeared in the bladder. It is therefore certain that ergot cures retention of urine which depends on pure and simple atony or paralysis of the bladder. But with regard to paralysis consecutive to apoplexy, or depending on other affections of the nervous centres, it is well known that they are unaffected by the remedy we are treating of.—*Dub. Med. Press*, June 29, 1853, from *Gaz. Med. de Lyon*.

34. *Croup and Tracheotomy.* By Dr. KARL WEBER.—Two cases of croup are related. In the first case, the symptoms on the sixth day were desperate; tracheotomy was performed, and the treatment (calomel every three hours) was persevered in. The symptoms were immediately alleviated, and the wound had closed on the twentieth day. In the second case, croup came on after measles; tracheotomy was performed on the ninth day; the patient died on the forty-sixth day, and after death it was found that the canal of the trachea above the canula was completely closed. This was discovered first of all when, on the tenth day after the operation, the symptoms being exceedingly favourable, the canula was removed; immediate suffocation ensued, and the canula was reinserted. Farther operative proceedings were contemplated, when the child suddenly died, not from asphyxia, but from an undetermined cause. The larynx and trachea were removed, but no farther examination of the body was permitted.

The larynx, examined and described by Henle, was healthy till below the lower vocal cords, where there was complete closure by means of a vascular, firm, white substance, torn with difficulty, and constituted partly by uniting tissue, and partly by a similar forming structure. The mucous membrane could not be found. The fistulous opening formed by the canula was clothed with smooth plicated membrane, resembling a mucous membrane, and covered with flat nucleated epithelium cells $0.008''$ in diameter). The thyroid and cricoid cartilages were peculiarly changed, but their condition can hardly be understood without the figure, which is given in the original.

"The thyroid normally formed on the upper border, and on the under border on the left side, shows on the left, near the middle line, an irregular and rough cartilaginous prolongation, which arises out of and is articulated with the rudimentary cartilaginous ring. On the right side, the under border of the thyroid is obliquely cut off, and bears, instead of the lower horn, a broad articulating surface, with which an oblique four-sided cartilaginous piece is movably joined, but not by an articulation."

The cricoid was formed by four pieces, two of which were perhaps divided by the operation, and the forms of which are given in the plate, but can hardly be described. Henle considers this condition as an original malformation, but thinks that it gave rise to the obliteration *after* the operation.

To this account, Weber adds some general considerations on croup and tracheotomy. He believes that in true croup there is always exudation in the larynx.

The Diagnosis.—The only disease with which croup can be confounded is the laryngismus stridulus, or false croup. This is, however, distinguished by the want of precursory symptoms, by the suddenness of the attacks, which frequently occur in the night, and by the remissions. True croup commences gradually, and the severe attacks never come on till the illness has lasted some little time; there are no true remissions or intermissions, as in laryngismus; in which disease the child, after a severe attack at night, may appear the next day perfectly well. The voice is another distinction, as the natural tone is regained after the attack of laryngismus, but never in croup. True croup never relapses; laryngeal cramp often. Weber believes croup to be probably contagious, and to be epidemic.

The Prognosis.—Jurine states that 25 of 28 were cured; Boudet, on the contrary, from the records of the Hôpital des Enfants Malades, states that 57 children died out of 63. Guersant saw 80 die out of 100. Weber believes these latter statistics to be the correct ones, and that the more favourable result obtained by Jurine and others arose from the inclusion of cases of laryngismus, which is a rarely fatal disease, but of the mortality of which there are no certain statistics.

The Treatment.—Emetics are used as *abortive* treatment, but, Weber thinks, with little success; the local applications of irritating substances, such as nitrate of silver, is much more efficacious, and Weber speaks highly of its use. Blisters are discountenanced; leeches are considered to be of only very moderate utility, or to be even hurtful, by reducing the strength without having the least effect on the exudation of the pseudo-membrane. General antiphlogistic treatment is said to be useless; but calomel is spoken of as being extremely useful, both given internally and used as inunction.

Tracheotomy is strongly recommended, and the statistics of Trousseau are relied upon, which give the extraordinary number of 222 operations and 127 cures. Trousseau operates early, and introduces a solution of nitrate of silver (10 grains to $\mathfrak{z}\text{j}$ of water) into the trachea. This appears to be an important modification, and to have an immense effect in loosening the membranous exudation.—*Brit. and For. Med.-Chir. Review*, July, 1853, from *Henle's Zeitschrift*.

35. *Topical Treatment of Hooping-Cough.*—The number of the *Association Medical Journal* for 26th of August last, contains an interesting paper on this subject, by Dr. EBEN WATSON, Professor of the Institutes of Medicine in the Andersonian University, Glasgow.

Six years ago, he states that he began to use topical applications to the pharyngo-laryngeal membrane in cases of hooping-cough, in hopes of mitigating